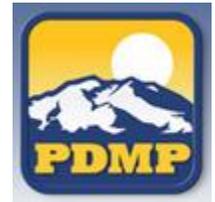


Intent:

This report contains high-level information on the Prescription Drug Monitoring Program (PDMP) and is intended to provide a summary of registration and reporting data specific to your profession.



Overview:

The PDMP began in 2008 and mandatory registration, reviewing, and reporting requirements went into effect in July 2017. All actively licensed practitioners with a valid DEA registration are required to register with the database; however, there are both practice-specific and supply-duration exemptions in AS 17.30.200(k) and (u) in which practitioners are not required to consult the PDMP. Generally, practitioners are required to review patient prescription history before prescribing, administering, and/or directly dispensing a federally scheduled II – IV controlled substance. If directly dispensing, practitioners must report this information to the PDMP.

Delegate access is allowed so long as the delegate holds an active license, certification, or registration under AS 08. Delegate access can help relieve time-constraints as reviewing and reporting tasks can be distributed to qualified staff.

With regards to prescriptive guidelines, CBPL’s Joint Committee on Prescriptive Guidelines met in 2016 and came up with several recommendations, which can be found on the PDMP website at www.pdmp.alaska.gov.

Updates and Imminent changes:

- PDMP fees for initial and continued access went into effect on April 22, 2018 by authority of AS 17.30.200, which was subsequently implemented under 12 AAC 02.107. This requires a \$25.00 fee to be submitted before access to the controlled substance prescription database is granted.

Data:

The Alaska State Medical Board regulates several license types, including physicians (MDs, DOs, and DPMs) and physician assistants. Presently, there are a total of 6,493 registered users, 2,231 of which are physicians and 605 of which are physician assistants (Figure 1). While physicians make up a relatively large percentage of registered users, the proportion of total licensed physicians registered with the PDMP is 53%. Physician assistants make up less than 10% of registered users and have reached 63% registration compliance (Figure 2).

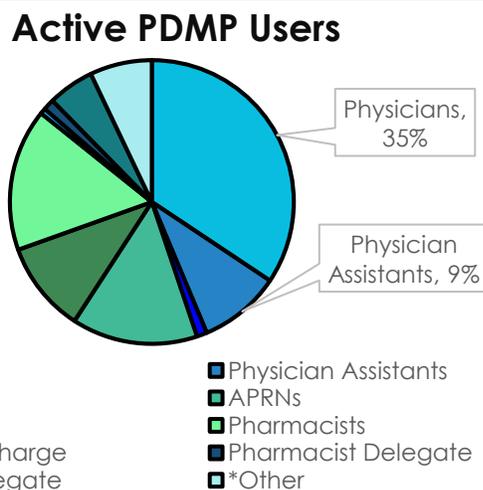


Figure 1. Physicians comprise 35% of actively registered users while physician assistants make up 9.3%. *Other includes IHS and VA prescribers and dispensers, admin, medical residents, and out-of-state pharmacists.

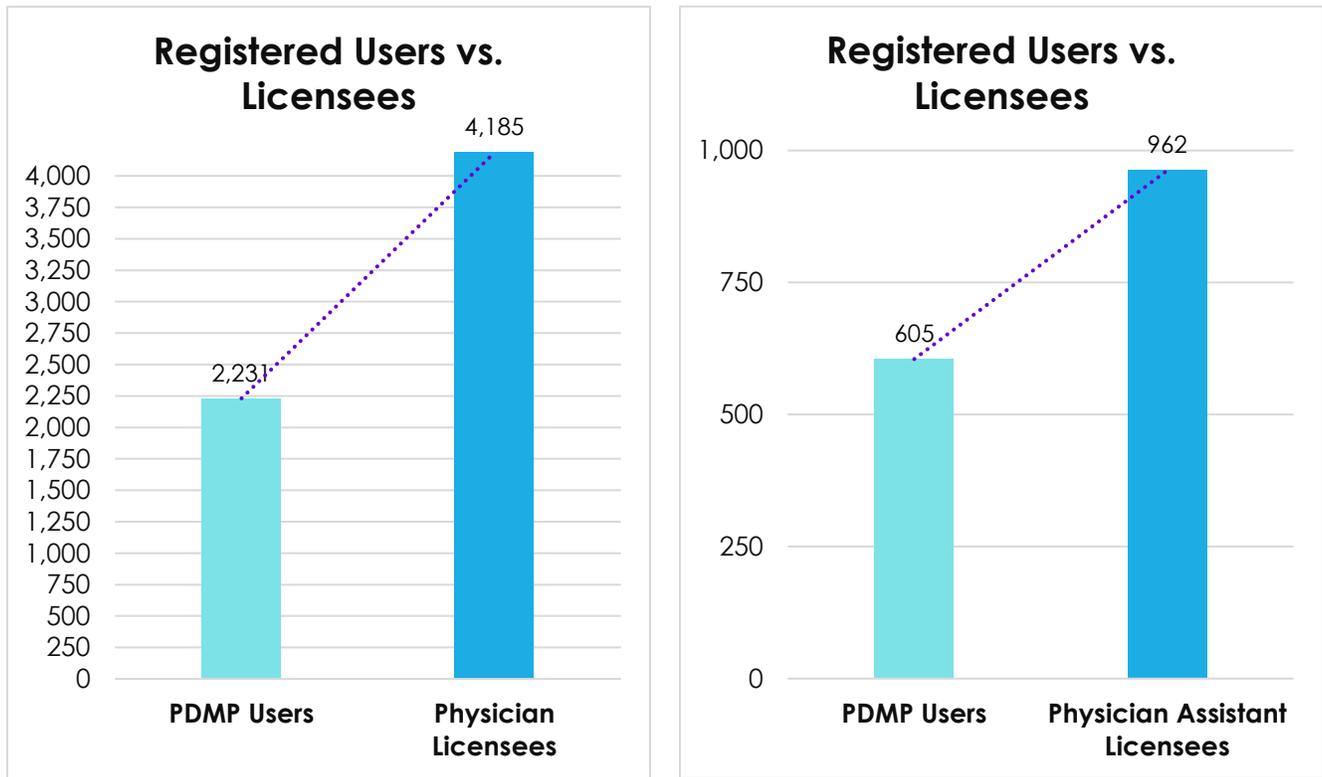


Figure 2. The proportion of licensed physicians and physician assistants to registered PDMP users.

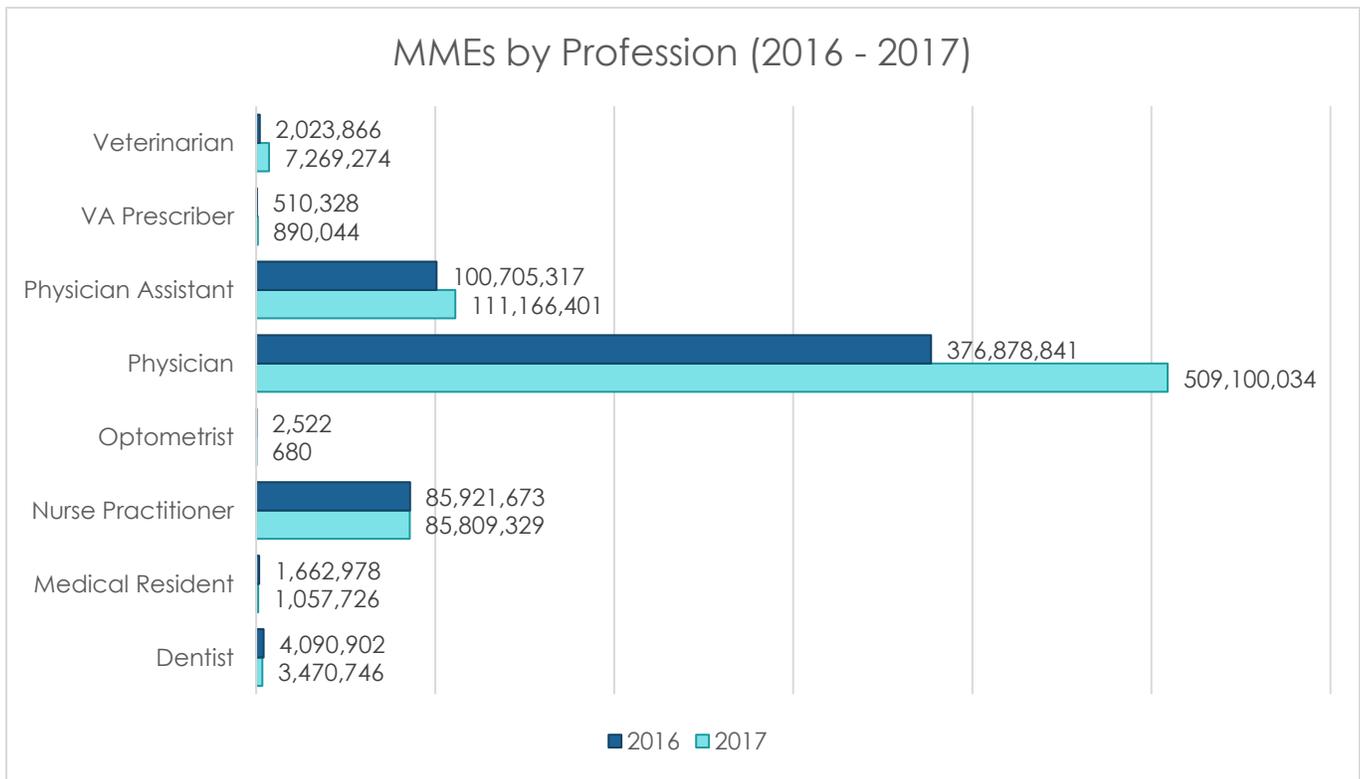


Figure 3. Of the total MMEs dispensed in 2016, 84% originated from prescriptions written by physicians, medical residents, and physician assistants. This represents a relative increase of 2.4% since 2017, where these practitioners prescribed 86% of total MMEs dispensed.

The following data (Figures 4 and 5) represents information not specific to any given profession and provides a general summary of PDMP trends as recorded in the controlled substance prescription database.

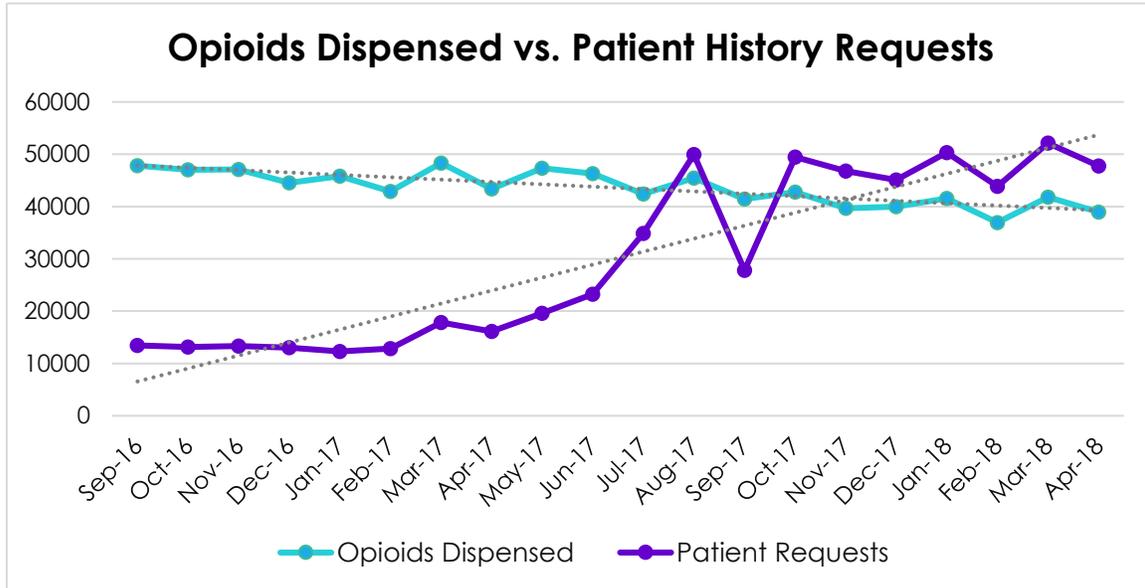


Figure 3. This graph shows the upward trend of patient prescription history requests in the PDMP, suggesting an inverse relationship between overall opioid dispensing in the state. The decrease in opioid dispensations may also be attributed to other factors, including prescriptive policies and salience of increased state-wide monitoring of prescribing practices as reflected in individual prescriber report cards.

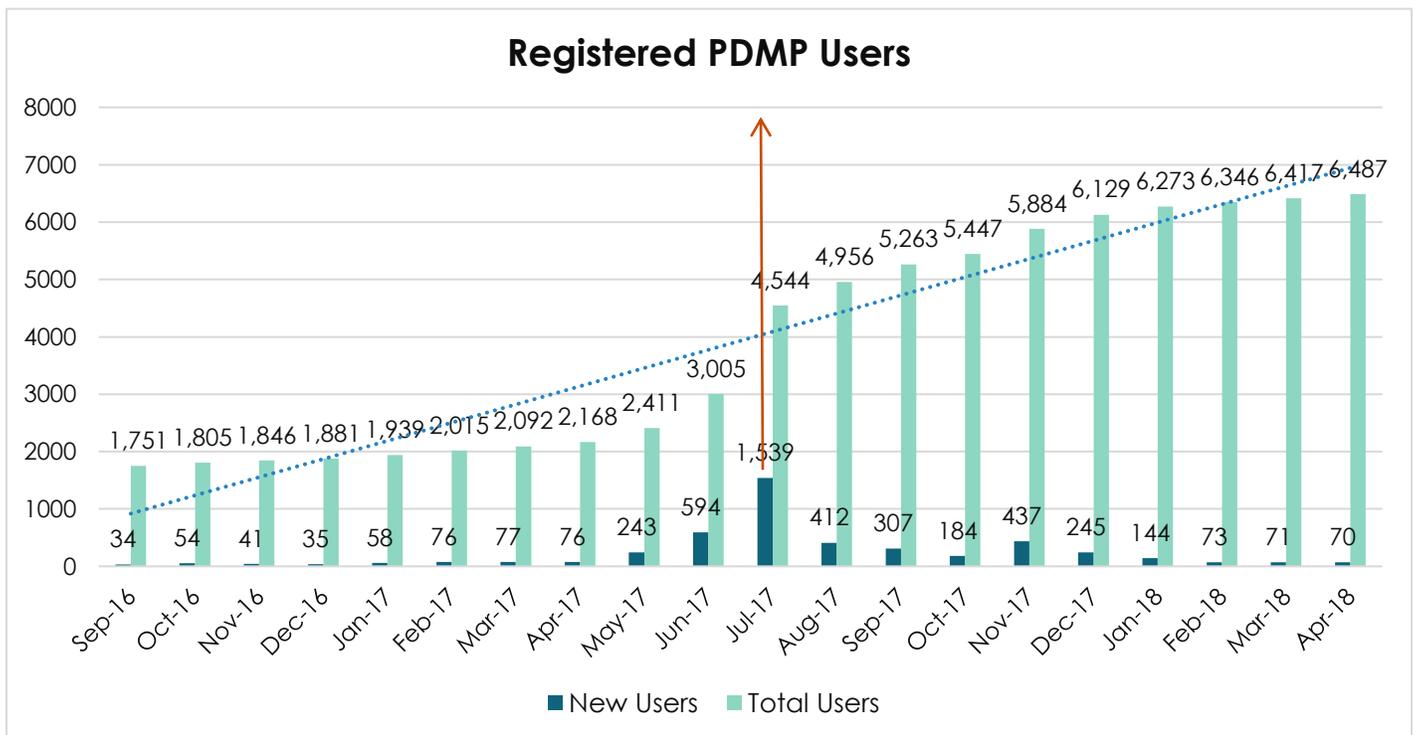


Figure 4. Registered users have steadily increased. New registrations peaked with 1,539 new practitioners and pharmacists, coinciding with the mandatory registration date of July 2017.